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Ohio Campaign Finance Report Of APR 20 AM II: 44

FRANKLIN COUNTY Prescribed by Secretary of State 3/05 Registration Number, if PAC THE COMMITTEE TO ELECT DORRIS FOR JUDGE Full Name of Candidate TOMI LYNN DORRIS Street Address Office Sought District **COMMON PLEAS JUDGE** P. O. BOX 14367 / 400 S. FIFTH ST. SUITE 303 State COLUMBUS, OHIO 43214 / COLUMBUS, OHIO 43215 43214 / 43215 0 XX Type of Report Pre-Primary Post-Primary Pre-General Post-General place X to the left of report July August September Semiannual Monthly Monthly Monthly Termination Amended Report? Report Electronically filed? **☑** No ☐ Yes Yes **☑** No Date of Election 1 0 0 6

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

Amount brought forward from last report	\$ 0.00
Total monetary contributions (From Form No. 31-A)	\$ 4,386.25
3 Total other income (From Form No. 31-A-2)	\$ 0.00
4 Total funds available (sum of lines 1, 2, 3)	\$ 4,386.25
Total monetary expenditures (From Form No. 31-B)	\$ 1,680.93
6. Balance on hand (line 4 minus line 5)	\$ 2,705.32
7 Value of in-kind contributions received (From Form No. 31-1-1)	\$ 40.00
8. Value of in-kind contributions made (From Form No. 31-1-2)	\$ 0.00
9. Ourstanding loans awad by committee (From Form No. 31-C)	\$ 0.00
10. Outstanding debts owed by committee (From Form No. 31-N).	\$ 0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$ 0.00
12. Value of independent expenditures made (From Form No. 31-17)	\$ 0.00
13 For Electronic Filing Entities only Sum of lines 2, 7 and amount of any new loans received this period	\$ 0.00

TH	THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER										
CO	COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE PET TH DEGREE										
	GEORGE W. FRANEY, TREASURER 04/14/06										
Prin	Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date										
	Contribution		Exper	diture			Other		Total		
	pages	14		pages	3		pages	1	pages	18	

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

			,						
Name of Committee in Full					-				
THE COMMITTEE TO ELECT DO	RRIS FOR	JUL	<u>GE</u>						
Full Name of Contributor	•	Registration Number, if PAC							
TOM DORRIS									
Street Address	Employer/0	Оссира	tion/Labor Organization*				Form (Cash, Check, etc.)		
320 W. PARK DRIVE							CASH		
City	State	3	Zip Code	М	D	Y	Amount		
GREENVILLE		Η	45331	01	212	06	100.00		
Full Name of Contributor			10001			ber, if PA			
MARTHA DORRIS				ľ		,			
Street Address	Employer/0	Оссира	tion/Labor Organization*				Form (Cash, Check, etc.)		
3 2 0 W. PARK DRIVE							CASH		
City	State		Zip Code	М	T D	Y	Amount		
GREENVILLE	0	Н	45331	01	I .		ľ		
1 Name of Contributor Registration N									
MICHAEL J. POCOCK				Registra	ition ivuin	ibei, ii FA			
Street Address	Employer/C	Jecuna	tion/Labor Organization*				Form (Cook Charle etc.)		
P. O. BOX 141202	Employer	лесира	non Pago Olganization				Form (Cash, Check, etc.)		
1 , O. DOX 141202 City	State		Zip Code		I B	T v =	CHECK #101		
•	1		-	M	D	Y	Amount		
COLUMBUS Full Name of Contributor	_ 0	Н	43214	0 1		0 6			
				Registra	tion Num	ber, if PA	.C		
JOHN BEHLING Street Address	F 1 66								
	Employer/C	Occupat	tion/Labor Organization*				Form (Cash, Check, etc.)		
163 CHARLSTON AVE			1=:				CHECK #2883		
COLLINARIUS	State		Zip Code	M	D	Y	Amount		
COLUMBUS		Н	43214	0 3		0 6			
Full Name of Contributor				Registra	tion Num	ber, if PA	C		
AL H. COOPER									
Street Address	Employer/C	Occupat	tion/Labor Organization*				Form (Cash, Check, etc.)		
202 BOLLINGEN							CHECK # 1274		
City	State		Zip Code	M	D	Y	Amount		
BLACKLICK		Η_	43004_	0 3	0 5	0 6	25.00		
Full Name of Contributor				Registrat	tion Num	ber, if PA	С		
MICHAEL J. POCOCK									
Street Address	Employer/C	ccupat	ion/Labor Organization*				Form (Cash, Check, etc.)		
P. O. BOX 141202							CHECK # 105		
City	State		Zip Code	М	D	Y	Amount		
COLUMBUS	0	Н	43214	0 3	1 0	0 6	100.00		
Full Name of Contributor		•				er, if PA			
CONTRIBUTIONS FROM FORM 3	1-E								
Street Address	Employer/O	ccupat	ion/Labor Organization*				Form (Cash, Check, etc.)		
							, , ,		
City	State		Zip Code	М	D	Y	Amount		
			•	0 3	1 6	I . I	1,870.00		
Full Name of Contributor		_		_		per, if PAC			
CHRISTINA L. CORL				regional	*O11 2 (G111)	, n 1 1 k			
Street Address	Employer/O	ccunati	ion/Labor Organization*				Form (Cash, Check, etc.)		
5971 OLENTANGY RIVER RD.	Zinpiojoi/O	Juapan	Diguization.						
City	State		Zip Code	1 3 4 11		_V	CHECK #2318		
WORTHINGTON			=	M	D .	Y	Amount		
WORTHINGTON		Н	43085-9400	0 3	2 2	0 6	150.00		

Page Total \$	2,495.00
Page Total \$	<u>2,495.00</u>

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Statement of Contributions Received

Prescribed by Secretary of State 3/05

	scretary of state 5/05						
		-					
<u>is for jui</u>	<u>oge</u>				· · · <u> </u>		
		Registra	ation Num	ber, if PA	ı.C		
Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)		
					CHECK #6454		
State	Zip Code	М	D	Y	Amount		
O H	43221	0 3	2 2	0 6	50.00		
		Registra	ation Num	ber, if PA	C		
		<u> </u>					
Employer/Occup	ation/Labor Organization*	_			Form (Cash, Check, etc.)		
					CHECK #2251		
State	Zip Code	M	D	Y	Amount		
OIH	43015	013	1117	1016	35.00		
1 1		ا آ		, ·			
	ation/Labor Organization*				Form (Cash, Check, etc.)		
The state of the s	MINITED OF STREET				FOIII (Casii, Chook, 6tc.)		
State	Trin Code	1 M	T D	l v	Amount		
	Zip Code	l .	I .	1	+		
		Registra	tion Num	er, il Pas	c •		
InIan/Ocass	· / / / / / / / / / / / / / / / / / / /				•		
Employer/Occupa	ition/Labor Organization*			ļ	Form (Cash, Check, etc.)		
 					CHECK #3997		
i .	1 -	М	D	Y	Amount		
$C \mid A$	96057				•		
		Registra	tion Numb	er, if PA	C		
<u> </u>		<u> </u>					
Employer/Occupa	ition/Labor Organization*				Form (Cash, Check, etc.)		
l					CA S H		
State	Zip Code	M	D	Y	Amount		
O H	43215	0 3	1311	0 6	20.00		
-							
Employer/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)		
	•				CHECK #2488		
State	Zin Code		Го	Y	Amount		
	I -						
	10220						
		Nogrous	IUII 1 YUIII	CI, 11 1 7 1.	´		
Employer/Occups	tion A shor Organization*						
Employe//Occupat	uon/Labor ∪rganization*			Ì	Form (Cash, Check, etc.)		
	Ta: 0 1	1.,	·		CHECK #2806		
	1 -	M			Amount		
F L	02920				100.00		
		Registrat	ion Numb	er, if PAC	,		
		<u> </u>					
Employer/Occupat	tion/Labor Organization*				Form (Cash, Check, etc.)		
ſ				- 1	CHECK #6127		
State	Zip Code	M	D	Y	Amount		
$G \mid A$	37021-6659	0 4	0 5	0 6	50.00		
	Employer/Occupa State O H Employer/Occupa State O H Employer/Occupa State C A Employer/Occupa State O H Employer/Occupa State O H Employer/Occupa State O H Employer/Occupa	Employer/Occupation/Labor Organization* State Zip Code O H 43015 Employer/Occupation/Labor Organization* State Zip Code C A 96057 Employer/Occupation/Labor Organization* State Zip Code O H 43215 Employer/Occupation/Labor Organization* State Zip Code O H 43215 Employer/Occupation/Labor Organization* State Zip Code O H 43220 Employer/Occupation/Labor Organization* State Zip Code O H 43220 Employer/Occupation/Labor Organization* State Zip Code O H 43220 Employer/Occupation/Labor Organization*	Employer/Occupation/Labor Organization* State Zip Code M Q 3 Registrate Zip Code Q Q 3 Registrate Zip Code Q Q 3 Registrate Zip Code Zip Code Q Q 5 Registrate Zip Code Registrate Zip Code Zip Code Zip Code Q Q 5 Registrate Zip Code Zi	Employer/Occupation/Labor Organization*	Employer/Occupation/Labor Organization*		

Page Total \$ 1,786.25

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full THE COMMITTEE TO ELECT DOR	RIS FOR II	IDCE				
Full Name of Contributor	and i Oit je	DOGE	Registra	ation Nur	nber, if PA	C
BETTIE K. ANDERSON					_	
Street Address	Employer/Oc	cupation/Labor Organization*				Form (Cash, Check, etc.)
8585 SUMMA AVE. APT. 423						CHECK #3145
City BATON ROUGE	State L A	Zip Code A 70809	$\begin{bmatrix} M \\ 0 \end{bmatrix} 4$	0 8	$\begin{bmatrix} \mathbf{y} \\ 0 & 6 \end{bmatrix}$	Amount 20.00
Full Name of Contributor		- , , , , , , , , , , , , , , , , , , ,			nber, if PA	
ED McCARTNEY						
Street Address	Employer/Occ	cupation/Labor Organization*				Form (Cash, Check, etc.)
204 HOLCOMB STREET						CHECK # 734
CIMCDLIDY	State	Zip Code	M	D	Y	Amount
SIMSBURY Full Name of Contributor	<u>C</u> 5	Г 06070	$0 \mid 4$		0 6	10.00
MICHAEL J. WIHL			Registra	ition Nun	nber, if PA	c
Street Address	Employer/Occ	cupation/Labor Organization*				Form (Cash, Check, etc.)
66 SOUTH GRANT AVE. APT 3		aparation organization				CHECK #1615
City	State	Zip Code	М	D	Y	Amount
COLUMBUS	101	H 43215	0 4	018	0 6	25.00
Full Name of Contributor					ber, if PA	
JOSEPH DRAGOVICH						
Street Address	Employer/Occ	upation/Labor Organization*		-		Form (Cash, Check, etc.)
95 RUSSO DRIVE			<u></u>			CHECK #4254
city CANFIELD	State	Zip Code	M	D	Y	Amount
Full Name of Contributor	OF	I 44406	0 4		0 6	50.00
Tan Flame of South Guide			Registra	HOH INUH	idei, ii PA	<u></u>
Street Address	Employer/Occ	upation/Labor Organization*				Form (Cash, Check, etc.)
		•				
City	State	Zip Code	M	D	Y	Amount
						0.00
Full Name of Contributor			Registra	tion Num	ber, if PAC	
Charle Address	In to					
Street Address	Employer/Occ	upation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
•		EMP COUL	101		1	0.00
Full Name of Contributor			Registrat	ion Num	ber, if PAC	
Street Address	Employer/Occ	upation/Labor Organization*				Form (Cash, Check, etc.)
· · · · · · · · · · · · · · · · · · ·						<u>. </u>
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor						0.00
ruii Name of Controllor			Registrat	ion Num	ber, if PAC	;
Street Address	Employer/Occ	pation/Labor Organization*				Form (Cash, Check, etc.)
***	Limployof/Octo	-barrata parous or Burnsurfott.			ľ	rom (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
] [0.00
united for contributions from individuals over \$100 to statewide and ger	1 11 11	14 76 43 4 1 16	1 1 1		السلجبا	0.00

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 105.00

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Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full THE COMMITTEE TO ELECT DORR	IS FOR)CF				
To Whom Paid		ייין	/GL	M	D Y	Amount	
FRANKLIN COUNTY BOARD OF EI		NS		0 2	<u> 2 1 5 0 6</u>		80.00
Address 280 E. BROAD ST., ROOM 100	Purpose FILE	INC	G FEE				
City	State		Zip Code	Check	Number		
COLUMBUS	0	Н	43215		1001		
To Whom Paid POSTMASTER				м 0 3	B 1 3 0 6	Amount	195.00
Address	Purpose			10	7[1]5[0]0		1/0.00
			GE STAMPS				
City COLUMBUS	State	Н	Zip Code	Check	Number 1002		
To Whom Paid	<u> </u>	11	<u> </u>	M	D Y	Amount	
HUNTINGTON NATIONAL BANK				0 3	3 1 5 0 6	<u> </u>	43.46
Address P. O. BOX 1558	Purpose	CV	S, DEPOSIT TICKET	rc Op	СПЕСК СІ	IDDI ID	C
1 . O. DOX 1558	State		Zip Code		Number		3
COLUMBUS	0	H_	43216-1558		N/A		
To Whom Paid PLANKS				м 0 3	D Y	Amount	00.00
Address	Purpose			013	<u>3 2 3 0 6</u>	<u> </u>	90.00
743 PARSONS AVENUE			BREAKFAST 03/24	/06	_		
city COLUMBUS	State	Н	Zip Code 43215	Check	Number		
To Whom Paid		1.1	40210	M	1003 T	Amount	
VICTORY'S				0 3			477.16
Address 543 S. HIGH STREET	Purpose	د / <i>۱</i>	6 FUND RAISER				
City	State		Zip Code	Check 1	Number	T	
COLUMBUS	0	H	43215		4		
To Whom Paid BUCKEYE PRINTING & MAILING S	OLUTIC	NIC		M	D Y	Amount	000.00
Address	Purpose	<u> </u>		1013	3 1 0 6		233.00
217 NORTH GRANT AVE.	PREF	AR	E LOGO DESIGNS	- 3 SE	TS		
COLUMBIC	State	[Zip Code		Number		-
COLUMBUS To Whom Paid		Н	43215-2163	M	1005	Amount	
POSTMASTER				$0 \mid 4$	J . 1 .	Amount	195.00
Address	Purpose	140	TE CT A MDC				
City	POS1 State		E STAMPS Zip Code	Check I	Number		
COLUMBUS		Н	43214	CIRCE	1006		
Fo Whom Paid VICTORY'S				$\begin{bmatrix} M \\ O \mid 4 \end{bmatrix}$	$\begin{bmatrix} D & Y \\ 1 & 2 & 0 \end{bmatrix} 6$	Amount	367.31
Address 543 S. HIGH STREET	Purpose 03/30)/04	FUNDRAISER	<u> </u>	12121010		007.01
City	State		Zip Code	Check 1	Number		
COLUMBUS		Η	43215	1	1007		

31-E R.C. 3517.10(B)

Event Date	03/16/06
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Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Se	cretary of State 3/05		
Name of Committee in Full				
THE COMMITTEE TO ELECT DOI	<u>RRIS FOR JUL</u>)GE		
Full Name of Contributor		***************************************	Registration Number, if PAC	
MICHAEL J. POCOCK				
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount	
3509 SUNSET DRIVE			0 3 1 6 0 6	50.00
City	State	Zip Code	Form(Cash,Check,etc)	
UPPER ARLINGTON	O H	43220	CASH	
Full Name of Contributor			Registration Number, if PAC	
RENE' L. CERDA		·		
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount	
5656 PLEASANT HILL DRIVE			0 3 1 6 0 6	35.00
City	State	Zip Code	Form(Cash,Check,etc)	
HILLIARD	<u> </u>	43026	CHECK-2790	
Full Name of Contributor			Registration Number, if PAC	
JOHN E. DUVALL JR.				··
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount	
11455 HUNTINGTON WAY			0 3 1 6 0 6	100.00
City	State	Zip Code	Form(Cash,Check,etc)	
PICKERINGTON	O H	43147	CHECK-6279	
Full Name of Contributor			Registration Number, if PAC	
ROBERT A. KOENIG				
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount	
4315 JENNY DAWN PLACE		<u> </u>	0 3 1 6 0 6	50.00
City	State	Zip Code	Form(Cash,Check,etc)	
HILLIARD	O H	43026	CHECK-3766	
Full Name of Contributor			Registration Number, if PAC	
GEORGE E. LEWIS	In 1 (2			
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount	=
323 BUCK RUN TRAIL		In:	0 3 1 6 0 6	50.00
City MECTEDVILLE	State	Zip Code	Form(Cash,Check,etc)	
WESTERVILLE	O H	43082	CHECK-6095	
Full Name of Contributor			Registration Number, if PAC	
VERNON C. CHENEVEY				
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount	=
2075 BROOKHURST AVENUE		I	0 3 1 6 0 6	50.00
COLUMBIC	State	Zip Code	Form(Cash,Check,etc)	
COLUMBUS Full Name of Contributor	O H	43229	CHECK-3463	
			Registration Number, if PAC	
JONATHAN D. DOZER	In 1 6			
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount	E O OO
8280 MORGAN ROAD		g: G I	0 3 1 6 0 6	50.00
E 3	State	Zip Code	Form(Cash,Check,etc)	
WEST JEFFERSON	O H	43162	CHECK-2433	

Fill in the boxes below only on the last page for this event.

Total contributions this event	Total expenditures this event	
		Page Total \$385.00_

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Event Date	03/16/06
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Prescribed by Secretary of State 3/05 Name of Committee in Full THE COMMITTEE TO ELECT DORRIS FOR JUDGE Registration Number, if PAC STEVEN R. MORGAN Employer/Occupation/Labor Organization* D Amount 5375 CHERRY CREEK PKWY S. 0 | 3 | 1 6 0 6 35.00 Form(Cash,Check,etc) Zip Code **COLUMBUS** 43228 CHECK-2111 Full Name of Contributor Registration Number, if PAC JOHN A. PASKAN Street Address Employer/Occupation/Labor Organization* D Amount 6634 BELVOIR COURT 0 3 1 6 0 6 50.00 City State Zip Code Form(Cash,Check,etc) CONCORD TOWNSHIP 44077 CHECK-50.00 Full Name of Contributor Registration Number, if PAC MICHAEL N. POWELL Street Address Employer/Occupation/Labor Organization* Amount 7367 BIRDIE LANE 0 3 1 6 0 6 50.00 City State Zip Code Form(Cash,Check,etc) CANAL WINCHESTER 43110 **CHECK-1064** Full Name of Contributor Registration Number, if PAC TOM FORBES Employer/Occupation/Labor Organization* D 7761 HARRISBURG-LONDON RD. 0 3 1 6 0 6 25.00 City State Zip Code ORIENT 43146 CHECK-7586 Full Name of Contributor Registration Number, if PAC BRYAN E. HOLBROOK Employer/Occupation/Labor Organization* D Y P. O. BOX 37 0|3|1|6|0|6 50.00 State Zip Code Form(Cash,Check,etc) **MILLERSPORT** $O \mid H$ 43046 CHECK-2316 Full Name of Contributor Registration Number, if PAC D. BRYAN KIRK Employer/Occupation/Labor Organization* 5665 SPRING VALLEY RD. 35.00 0 3 1 6 0 6 Zip Code Form(Cash,Check,etc) LONDON Η 43140 **CHECK-2481** Full Name of Contributor Registration Number, if PAC STEVEN BLAKE Employer/Occupation/Labor Organization* 6449 OLD BEN LANE 0 3 1 6 0 6 100.00 Zip Code Form(Cash,Check,etc) CANAL WINCHESTER 43110 **CHECK-6345** $O \mid H$

Total contributions this event	Total expenditures this event	
		Page Total \$345,00_

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Event Date	03/16/06
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Prescribed by Secretary of State 3/05 Name of Committee in Full THE COMMITTEE TO ELECT DORRIS FOR JUDGE Registration Number, if PAC EILEEN ESTEPP Street Address Employer/Occupation/Labor Organization* D Amount 6655 ESTATE VIEW DRIVE S. 0 3 1 6 0 6 40.00 City Zip Code State Form(Cash,Check,etc) BLACKLICK 43004 Н CHECK-3780 Full Name of Contributor Registration Number, if PAC MICHAEL S. KIDIDIS Street Address Employer/Occupation/Labor Organization* Amount **166 LOOKOUT LANE** 0 3 1 6 0 6 100.00 City Zip Code State Form(Cash,Check,etc) PATASKALA $O \mid H$ 43062 CHECK-7375 Full Name of Contributor Registration Number, if PAC CORY D. DAVIES Street Address Employer/Occupation/Labor Organization* D Amount 7490 RONI S W 0 3 1 1 6 0 6 40.00 Zip Code State Form(Cash,Check,etc) **MASSILLON** O I H44646 **CHECK-3949** Full Name of Contributor DARRIN C. LEIST Street Address Employer/Occupation/Labor Organization* D Υ 4453 CANDLEWICK CIRCLE 0|3|1|6|0|6 50.00 State Zip Code Form(Cash,Check,etc) COLUMBUS $O \mid H$ 43230 CHECK-3677 Full Name of Contributor Registration Number, if PAC FRANK MACKE Employer/Occupation/Labor Organization* 370 E. COOK ROAD 0 3 1 6 0 6 50.00 City State Zip Code Form(Cash,Check,etc) **COLUMBUS** 43214 CHECK-1990 Full Name of Contributor Registration Number, if PAC SHELLY MOORE Employer/Occupation/Labor Organization* 967 MEADOWWOOD DRIVE 0|3|1|6|0|6 50.00 Zip Code City State Form(Cash,Check,etc) PICKERINGTON OIH43147 CASH Registration Number, if PAC **GREG METZGER** Employer/Occupation/Labor Organization* Amount 5478 EAGLES NEST DRIVE 0 3 1 6 0 6 35.00 City Zip Code Form(Cash,Check,etc) WESTERVILLE 43081 **CASH** Η

Fill in the boxes below only on the last page for this event.

Total contributions this event	Total expenditures this event	
		Page Total \$ 365,00

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

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Event Date	03/16/06
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	Prescribed by	Secretary of State 3/05		
Name of Committee in Full THE COMMITTEE TO ELECT DOR	DIC EOD II	IDCE		
Full Name of Contributor	KIS FOR JU	DOGE	Registration Number, if PAC	
BEN CASUCCIO			Registration Number, if PAC	
Street Address	Employer/Occ	cupation/Labor Organization*	M D Y Amount	
771 SPIVEY LANE			0 3 1 6 0 6	40.00
City	State	Zip Code	Form(Cash,Check,etc)	10,00
GALLOWAY	OIF	H 43119	CASH	
Full Name of Contributor			Registration Number, if PAC	
MONTE ROBINSON				
Street Address	Employer/Occ	supation/Labor Organization*	M D Y Amount	
5475 INDIAN HILL ROAD			0 3 1 6 0 6	100.00
City	State	Zip Code	Form(Cash,Check,etc)	
DUBLIN	O F	H 43017	CASH	
Full Name of Contributor			Registration Number, if PAC	
RON RAINES Street Address	E		M I D I V	
4765 HOSEAH STREET	Employer/Occ	supation/Labor Organization*	M D Y Amount	40.00
City	State	Zip Code	0 3 1 6 0 6 Form(Cash,Check,etc)	40.00
COLUMBUS	OIF		CASH	
Full Name of Contributor		1 1 10220	Registration Number, if PAC	
JERRY GOETZ			regionation realison, in the	
Street Address	Employer/Occ	upation/Labor Organization*	M D Y Amount	
5577 BRIGHTON HILL LANE			0 3 1 6 0 6	50.00
City	State	Zip Code	Form(Cash,Check,etc)	
DUBLIN	_ O F	H 43016		
Full Name of Contributor			Registration Number, if PAC	
DENNIS GOOGHEART				
Street Address	Employer/Occ	upation/Labor Organization*	M D Y Amount	
5109 CLINE ROAD			0 3 1 6 0 6	100.00
City	State	Zip Code	Form(Cash,Check,etc)	
KENT	O F	H 44240	CASH	•
Full Name of Contributor			Registration Number, if PAC	
BERNIE FRITZ	In 1 7a			
Street Address	Employer/Occ	upation/Labor Organization*	M D Y Amount	40.00
2722 E. KEMPER ROAD		In: 0.1	0 3 1 6 0 6	40.00
City CINTI.	O I H	Zip Code I 45201	Form(Cash,Check,etc) CASH	
Full Name of Contributor		1 45201	Registration Number, if PAC	
IOE FERENEC			Registration Number, if PAC	
Street Address	Employer/Occ	upation/Labor Organization*	M D Y Amount	
5280 KEVIN STREET		r saves espainion	0 3 1 6 0 6	40.00
City	State	Zip Code	Form(Cash,Check,etc)	-10.00
SHEFFIELD VILLAGE	OIE	•	CASH	
	· · · · · · · · · · · · · · · · · · ·			

Fill in the boxes below only on the last page for this event.

Total contributions this event	Total expenditures this event		
		Page Total \$	410.00

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Event Date	03/16/06
Page	10

GEORGE PHELPS Street Address Employer/Occupation/Labor Organization* M	on Number, if PAC D Y Amount
Full Name of Contributor GEORGE PHELPS Street Address Employer/Occupation/Labor Organization* M	D Y Amount
GEORGE PHELPS Street Address Employer/Occupation/Labor Organization* M	D Y Amount
Street Address Employer/Occupation/Labor Organization* M	■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■
1 1 1 1	■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■
	41410141
	1 6 0 6 40.00
	n,Check,etc)
	CASH
,	on Number, if PAC
BETTE MENDENHALL Street Address	D. V. Ammed
	D Y Amount
	1 6 0 6 50.00
l '	CASH
	on Number, if PAC
IIM MENDENHALL	in realised, in the
	D Y Amount
	1 6 0 6 50.00
	n,Check,etc)
l '	ASH
	n Number, if PAC
MATT WARREN	
	D Y Amount
7520 S. SECTION LINE ROAD 0 3	1 6 0 6 40.00
City State Zip Code Form(Cash	n,Check,etc)
DELAWARE O H 43015 C	ASH
The state of the s	n Number, if PAC
RUDY ZUPANC	
	D Y Amount
	1 6 0 6 40.00
	,Check,etc)
	ASH
l	n Number, if PAC
WALT DAVIES	
	D Y Amount
	1 6 0 6 40.00
	(Check,etc)
	ASH
"	n Number, if PAC
WARREN DAVIES	5 1 2 1
	D Y Amount
	1 6 0 6 40.00
	ASH
VVESTERVILLE	АЗП

Fill in the boxes below only on the last page for this event.

\$300.00_
.:

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Event Date	03/16/06
Page	11

Prescribed by Secretary of State 3/05 Name of Committee in Full THE COMMITTEE TO ELECT DORRIS FOR JUDGE Registration Number, if PAC CHARLIE HAW Street Address Employer/Occupation/Labor Organization* Amount **108 JAHN COURT** 0 3 1 6 0 6 50.00 City State Zip Code Form(Cash,Check,etc) 43230 GAHANNA CASH Full Name of Contributor Registration Number, if PAC MICHAEL J. POCOCK Employer/Occupation/Labor Organization* Amount 0 3 1 6 0 6 3509 SUNSET DRIVE 5.00 City State Zip Code Form(Cash,Check,etc) **UPPERARLINGTON** 43220 **CASH** Full Name of Contributor Registration Number, if PAC **BONNIE MILLER** Employer/Occupation/Labor Organization* 8477 SOMERSET ROAD 1 6 0 6 10.00 Zip Code City State Form(Cash,Check,etc) SOMERSET 43076 **CASH** Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* Amount Zip Code City Form(Cash,Check,etc) Registration Number, if PAC Full Name of Contributor Street Address Employer/Occupation/Labor Organization* Form(Cash,Check,etc) State Zip Code Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* D Amount Zip Code City State Form(Cash,Check,etc) Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* City Zip Code Form(Cash,Check,etc)

Fill in the boxes below only on the last page for this event.

Total contributions this event Total expenditures this event Page Total \$ 65.00				
	Total contributions this event	Total expenditures this event		
1,870.00 477.16			Page Total \$	65.00
	1,870.00	477.16		

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Event Date	03/30/06
Page	12

Prescribed by Secretary of State 3/05 Name of Committee in Full THE COMMITTEE TO ELECT DORRIS FOR JUDGE Registration Number, if PAC MICHAEL J. POCOCK Employer/Occupation/Labor Organization* D Amount 3509 SUNSET DRIVE 0 | 3 | 3 0 0 6 100.00 Zip Code Form(Cash,Check,etc) UPPER ARLINGTON $O \mid H$ 43220 **CASH** Full Name of Contributor Registration Number, if PAC MARIAN HARRIS Employer/Occupation/Labor Organization* Amount 5145 HOLBROOK DRIVE 3 0 0 6 0 3 1 50.00 City State Zip Code Form(Cash,Check,etc) 43232 COLUMBUS $O \perp$ CASH Full Name of Contributor Registration Number, if PAC **BILL SETTINA** Street Address Employer/Occupation/Labor Organization* Amount. 729 S. HIGH STREET 0|3|3|0|0|6 40.00 State Zip Code Form(Cash,Check,etc) **COLUMBUS** 43206 **CASH** Full Name of Contributor Registration Number, if PAC **GREG METZGER** Street Address Employer/Occupation/Labor Organization* 5978 EAGLES NEST DRIVE 0 3 3 0 0 6 70.00 Zip Code City Form(Cash,Check,etc) WESTERVILLE Η 43081 CASH DAVID BROWN Employer/Occupation/Labor Organization* D Y 400 S. FIFTH ST. #303 0|3|3|0|0|6 20.00 State Zip Code Form(Cash,Check,etc) **COLUMBUS** 43215 Н **CASH** Full Name of Contributor Registration Number, if PAC ERIN DORRIS-ASTLEY Street Address Employer/Occupation/Labor Organization* 0|3|3|0|0|6 1700 COURT ST. 1.25 Form(Cash,Check,etc) Zip Code CIRCLEVILLE $O \mid H$ 43113 CASH Full Name of Contributor Registration Number, if PAC VERN PRINGLE Employer/Occupation/Labor Organization* 5576 WINSOR WOODS DRIVE 3 0 0 6 35.00 Zip Code Form(Cash,Check,etc) **GAHANNA** 43230 **CASH**

Fill in the boxes below	only on the last page	for this event
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Total contributions this event	Total expenditures this event	
		Page Total \$316.25_

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

31-E R.C. 3517.10(B)

Event Date	03/30/06	
Page	13	

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Se	cretary of State 3/05		
Name of Committee in Full				
THE COMMITTEE TO ELECT DOP	RRIS FOR JUI	OGE		
Full Name of Contributor			Registration Number, if PAC	
KEVIN HORN				
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount	
944 LINWORTH VILLAGE DR.			0 3 3 0 0 6	10.00
City	State	Zip Code	Form(Cash,Check,etc)	
COLUMBUS	0 H	43225	CASH	
Full Name of Contributor			Registration Number, if PAC	
BILL EARLY				
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount	
198 S. DAWSON AVE.			0 3 3 0 0 6	5.00
City	State	Zip Code	Form(Cash,Check,etc)	
COLUMBUS	O H	43209	CASH	
Full Name of Contributor			Registration Number, if PAC	
STEVE MARTIN				
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount	
1306 THURELL ROAD			0 3 3 0 0 6	20.00
City	State	Zip Code	Form(Cash,Check,etc)	
COLUMBUS	O H	43229	CASH	
Full Name of Contributor			Registration Number, if PAC	
JULIE E. BRIGNER				
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount	
6837 ALLOWAY STREET WEST			0 3 3 0 0 6	35.00
City	State	Zip Code	Form(Cash,Check,etc)	00,00
WORTHINGTON	O H	43085	CHECK #2433	
Full Name of Contributor			Registration Number, if PAC	
THOMAS F. CHARLESWORTH **				
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount	
5744 CONCORD HILL DRIVE			0 3 3 0 0 6	35.00
City	State	Zip Code	Form(Cash,Check,etc)	00.00
COLUMBUS	ОН	43213-2608	CHECK #1088	
Full Name of Contributor			Registration Number, if PAC	
MICHELE L. NOBLE				
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount	
45 GOULD ROAD			0 3 3 0 0 6	300.00
City	State	Zip Code	Form(Cash,Check,etc)	000.00
COLUMBUS	OH	43209	CHECK #104	
Full Name of Contributor	<u> </u>		Registration Number, if PAC	
CAROL A. WRIGHT **				
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount	
318 BERGER ALLEY		-	0 3 3 0 0 6	50.00
City	State	Zip Code	Form(Cash,Check,etc)	50.00
COLUMBUS	ОІН	43206	CHECK #2898	
		10200	10111101(1120)0	

Fill in the boxes below only on the last page for this event.

	** DENOTES THIS PART	TY IS A POSSIBLE APOINTEE FOR THE CONMO	N PLEAS COURT
Total contributions this event		Total expenditures this event	
			Page Total \$455.00_

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Event Date	03/30/06
Page	14

Prescribed by Secretary of State 3/05 Name of Committee in Full THE COMMITTEE TO ELECT DORRIS FOR JUDGE Registration Number, if PAC PAUL GIORGIANNI Employer/Occupation/Labor Organization* D Amount 230 CLOVER COURT 0 3 3 0 0 6 50.00 City Zip Code Form(Cash,Check,etc) $O \mid H$ 43017 DUBLIN CHECK #1517 Full Name of Contributor Registration Number, if PAC DAN E. BELVILLE Street Address Employer/Occupation/Labor Organization* D Amount 1184 SMALLWOOD DRIVE 0 3 3 0 0 6 50.00 City State Zip Code Form(Cash,Check,etc) COLUMBUS 43235 CHECK #1751 Full Name of Contributor Registration Number, if PAC MARTHA W. DORRIS Employer/Occupation/Labor Organization* Amount 320 W. PARK DRIVE 0 3 3 0 0 6 100.00 City State Zip Code Form(Cash,Check,etc) **GREENVILLE** $O \perp H$ 45331 CHECK #0983 Full Name of Contributor Registration Number, if PAC ANGELA FRANGANATO BROWN ** Employer/Occupation/Labor Organization* Ď 1569 MC SPADEN CT. 0 3 3 0 0 6 70.00 City State Zip Code Form(Cash,Check,etc) **COLUMBUS** 43228 CHECK #5853 Full Name of Contributor Registration Number, if PAC DONA FERRIS Employer/Occupation/Labor Organization* D 724 1/2 S. HIGH STREET 0 3 3 0 0 6 35.00 State Zip Code Form(Cash,Check,etc) COLUMBUS 43206 Η CHECK #3118 Full Name of Contributor Registration Number, if PAC RICHARD E. GRAHAM Employer/Occupation/Labor Organization* Amount 315 BLANFORD DR. 0|3|3|0| 0 6 35.00 Form(Cash,Check,etc) State Zip Code WORTHINGTON Η 43085-3519 CHECK #4861 Full Name of Contributor Registration Number, if PAC ROBIN M. LINK Employer/Occupation/Labor Organization* 862 RIDENOUR ROAD 0 3 3 0 0 6 35.00 Form(Cash,Check,etc) Zip Code **GAHANNA** 43230 **CHECK #4427** Η

Fill in the boxes below only on the last page for this event.

** DEN	IOTES THIS PARTY IS A POSSIBLE APOINTEE FOR THE CONMON PL	EAS COURT
Total contributions this event	Total expenditures this event	
		Page Total \$375.00

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

03/30/06
15

285.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05 Name of Committee in Full THE COMMITTEE TO ELECT DORRIS FOR JUDGE Registration Number, if PAC LILLIAN B. WILLIAMS Employer/Occupation/Labor Organization* D Amount 1404 LAKE SHORE DR. 0 3 3 0 0 6 35.00 Zip Code Form(Cash,Check,etc) COLUMBUS 43204 CHECK #3222 Registration Number, if PAC ABE BAHGAT Street Address Employer/Occupation/Labor Organization* Amount 338 S. HIGH STREET 0 3 3 3 0 0 6 50.00 City State Zip Code Form(Cash,Check,etc) COLUMBUS 43215 CHECK #5899 Full Name of Contributor Registration Number, if PAC HUNTER, CARNAHAN, SHOUB & BYARD Employer/Occupation/Labor Organization* D Amount 3360 TREMONT ROAD 2ND FL. 0 3 3 0 0 6 100.00 City Zip Code State Form(Cash,Check,etc) **COLUMBUS** Η 43221 CHECK #2298 Full Name of Contributor **BROWNING & COOKE **** Employer/Occupation/Labor Organization* Y 243 N. FIFTH STREET 0 3 3 0 0 6 100.00 City State Zip Code Form(Cash,Check,etc) COLUMBUS 43215-2603 CHECK #9406 Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* Amount City State Zip Code Form(Cash,Check,etc) Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* Amount Zip Code Form(Cash,Check,etc) Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* City Zip Code Form(Cash,Check,etc)

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

**	' DENOTES THIS PARTY I	S A POSSIBLE APOINTE	E FOR THE CONMON PI	LEAS COURT
Total contributions this event		Total expenditures this event		
				Page Total \$

1,431.25

367.31

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Event Date	03/16/06
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Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full										
THE COMMITTEE TO ELECT DORI	RIS FOR J	JUL)GE							
To Whom Paid				M	D	Y		Amount		
VICTORY'S				0 3	2 5	0	6		477.16	
Address	Purpose							-		
543 SOUTH HIGH STREET	Ivenu	EΚ	RENTAL							
City	State Zip Code				Check Number					
COLUMBUS	0	Н	43215		1004	1				
To Whom Paid			10210	М	D	Y		Amount		
[· · · · · · · · · · · · · · · · · · ·						1	ı			
Address	Purpose							l		
Pauliess	ruipose									
			In: 0 1	Io	7 1			1		
City	State		Zip Code	Check	Number					
			<u> </u>		-,					
To Whom Paid				M _.	D.	Y		Amount		
Address	Purpose									
City	State		Zip Code	Check 1	Number					
To Whom Paid			•	М	D	Y		Amount		
Address	Purpose					٠				
1 Add one	Tarpose									
City	State		Zip Code	Chaole 3	Number					
City	State		Zip Code	Check	Number					
					1.5		_			
To Whom Paid				M	D	Y	,	Amount		
Address	Purpose									
City	State	State Zip Code			Vumber					
To Whom Paid			<u> </u>	М	D	Y		Amount		
Address	Purpose									
	1									
City	State		Zip Code	Check 1	Jumher		-			
City	Diano		Zip code	Check	varrioci					
m with D. I				116	Ιъ	T 37	_			
To Whom Paid				M,	D	Y		Amount		
Address	Purpose									
			<u> </u>							
City	State		Zip Code	Check 1	Vumber					
			j							

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total \$ ____477.16_

31-F R.C. 3517.10

Event Date	03/30/06
Page	17

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full	nnic con u	TD 0.1					
THE COMMITTEE TO ELECT DO	RRIS FOR JU	IDGE					
To Whom Paid			M	D	Y	Amount	
VICTORY'S			0 4	1 2	2 0 6		367.31
Address	Purpose						
543 SOUTH HIGH STREET		RENTAL					
City	State	Zip Code	Check N	lumber			
COLUMBUS	OH	43215					
To Whom Paid			M	D	Y	Amount	
Address	Purpose						
City	State	Zip Code	Check N	lumber			
To Whom Paid			M	D	Y	Amount	
					1		
Address	Purpose						
City	State	Zip Code	Check N	lumber	•		
To Whom Paid			M	D	Y	Amount	
					1	1	
Address	Purpose				1		
City	State	Zip Code	Check N	umber			
To Whom Paid			М	D	Y	Amount	
Address	Purpose						
City	State	Zip Code	Check N	umber			
To Whom Paid			M	D	Y	Amount	
Address	Purpose					-	
City	State	Zip Code	Check N	umber			
To Whom Paid		·	М	D	Y	Amount	
					1		
Address	Purpose				1		
City	State	Zip Code	Check N	umber			

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total \$	367.31
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rago. — -	Page	18
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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full		- CT					
THE COMMITTEE TO ELECT DORR							
Full Name of Contributor	Employer, Occupation, Labor Organization *			tion Nun	ber, if	PAC	
_ T. MARK ESSARY					_		
Street Address	Description of Ite		M	D	Y	Fair Market Value	
_1500 MARVIN DRIVE		<u>TO FUND RAISER</u>					0.00
City DEVALOR DODGE UDG	State	Zip Code	Receive	d at Fund	raising		
REYNOLDSBURG	O H	43068		YES		NO	
Full Name of Contributor	Employer, Occup	eation, Labor Organization *	Registra	tion Nun	iber, if	PAC	
Street Address	Description of Ite	em or Service	M	D	Y	Fair Market Value	
City	State	Zip Code		d at Fund	raising		
				YES		NO	
Full Name of Contributor	Employer, Occup	ation, Labor Organization *	Registra	tion Num	ber, if	PAC	
Street Address	Description of Ite	em or Service	М	D	Y	Fair Market Value	
City	State	Zip Code	Receive	d at Fund	raising	_	
				YES		МО	
Full Name of Contributor	Employer, Occup	ation, Labor Organization *	Registra	tion Num	ber, if	PAC	
Street Address	Description of Item or Service		M	D	Y	Fair Market Value	
City	State	Zip Code	Receive	d at Fund	raising	_	
				YES		NO	
Full Name of Contributor	Employer, Occup	ation, Labor Organization *	Registra	tion Num	ber, if	PAC	
Street Address	Description of Item or Service		М	D	Y	Fair Market Value	
City	State	Zip Code		d at Fund	raising		
				YES		NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registra	tion Num	ber, if]	PAC	
Street Address	Description of Ite	m or Service	M	D	Y	Fair Market Value	
				l i			
City	State	Zip Code	Receive	d at Fund	raising	Event?	
	1 1			YES		NO	
Full Name of Contributor	Employer, Occup	ation, Labor Organization *	Registra	tion Num	ber, if l	PAC	
Street Address	Description of Item or Service		M	D	Y	Fair Market Value	
City	State	Zip Code	Receive	d at Fund YES	raising	Event?	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of Ite	m or Service	M	D	Y	Fair Market Value	
City	State	Zip Code	Receive	d at Fund	nieine.	Event?	
Oily .) blate	Zip Couc	TCCCEIVE	YES	arening.	NO NO	
				ITCO			

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]